



# 5K FOXTROT & Kit Dash Run

OCTOBER 14TH • RIO GRANDE, OH

## APPLICATION AND WAIVERS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

email: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please circle your age division at time of race : 10 & Under 11-14 15-19 20-29 30- 39 40-49 50-59 60+

Please circle T – shirt size: YM YL S M L XL XXL

### RELEASE OF LIABILITY -- READ BEFORE SIGNING

WAIVER: I hereby declare and affirm that my participation in the 5K Foxtrot / Kits Dash Run is voluntarily and knowingly of ALL Risks involved in this event. I understand that physical risks are hazards associated with normal, vigorous physical activity include (but not limited to) physical discomforts, fatigue, muscular soreness, falls, pulled or strained muscles, heat stress and rare instances heart arrhythmia, heart attack, stroke or sudden death. In consideration of this entry acceptance, I, my heirs, executors and administrators hereby waive any and all rights of claim for damages I may have against the Alpha Mu Beta Sorority & its members, Village of Rio Grande, University of Rio Grande, Tri-State Racer and all co-sponsors or any individual associated with the above for any injuries sustained by me in this event or related activities. I will additionally permit the use of my name and pictures in broadcast, telecasts, newspapers, brochures, etc. I also understand that the entry fee is non-refundable and non-transferable. I further attest and verify that I am physically fit and have sufficient trained for competition.

THIS WAIVER MUST BE SIGNED BY EACH PARTICIPANT REGISTERED. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT , FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
PARTICIPANT SIGNATURE

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in the 5k Fox Trot / Kit Dash as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (print name)

**Registration Fee: \$35**  
**Kit Dash (10 and under): \$5**

Mail Form and Check to:  
AMB Alumni  
PO Box 330  
Rio Grande, OH 45674

Questions?

Email: [ambfoxtrot@gmail.com](mailto:ambfoxtrot@gmail.com)